

# NEAPE Nomination Form:

Date: \_\_\_\_\_

<b>Nominee Name</b>	
<b>Title</b>	
<b>Facility Name</b>	
<b>Facility Address</b>	
<b>City, State, Zip</b>	
<b>E-mail Address</b>	
<b>Telephone Number</b>	
<b>Number of Years NEADHVS Member</b>	
<b><u>Submitted by:</u> Name/Title</b>	
<b>Facility Name</b>	
<b>Address</b>	
<b>City, Sate, Zip</b>	
<b>E-mail Address</b>	
<b>Telephone Number</b>	

**Deadline for submission: 9/13/2010**

**Describe how the nominee meets the criteria for the New England Award for Professional Excellence:**

- Demonstrates leadership in advancing the practice of healthcare volunteer management such as level of education, years of experience, years of membership in NEADHVS, attainment of Program for Professional Achievement (PPA) status and/or Certified Administrator of Volunteer Services (CAVS) certification.
- Responsible for significant contributions to the advancement of the profession of volunteer management through creation and implementation of innovative programs, management, initiatives, teaching, continued education, collaborative projects. This includes presenting education sessions at local, state, regional or national training conferences.
- Active participation in NEADHVS, e.g. service on the Board of Directors, committees, subcommittees, and such focused activities as presenter, author, etc.
- Active participation in local, regional or state Affiliated Group and volunteer management organizations.
- Active volunteer participation in local community endeavors, e.g. service to schools, churches, and charitable organizations.

**Electronic submission only. Email completed nomination to:**  
**[jean.barrett@snhmc.org](mailto:jean.barrett@snhmc.org). I will acknowledge receipt immediately so that you will know that I received it**